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## Family medicine physician residents' perspectives on domestic violence

Christina Marie Peña

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FAMILY MEDICINE PHYSICIAN RESIDENTS'  
PERSPECTIVES ON DOMESTIC VIOLENCE

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A Project  
Presented to the  
Faculty of  
California State University,  
San Bernardino

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In Partial Fulfillment  
of the Requirements for the Degree  
Master of Social Work

---

by  
Christina Marie Peña

December 2006

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PERSPECTIVES ON DOMESTIC VIOLENCE

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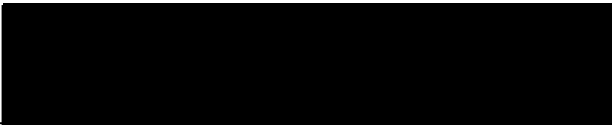
by  
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December 2006

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M.S.W. Research Coordinator

## ABSTRACT

This research was conducted on family medicine physician residents at a medical center in a large California County. The research investigated whether family medicine physician residents' medical school education and training in residency related to current practice regarding domestic violence detection and referral to social services. The sample consisted of 21 respondents who received self-administered questionnaires that measured their level of domestic violence education and training and their screening and assessment of domestic violence in their practice. Findings indicated that although family medicine physician residents do receive education and training on domestic violence, it was not sufficient and victims may go undetected and unserved.

## ACKNOWLEDGMENTS

A special acknowledgement is due to Cameron and Trevor. Cameron thank you for your patience and understanding while I pursued a higher education. My boyfriend, Trevor, for his constant support, encouragement, and many sacrifices made. I love them and thank them both very much.

With gratitude, I acknowledge my family. Without love and support from all of you, I do not know how I would have made it.

I wish to thank the following individuals for their support in this project. A special thanks to Leo Cruz for his valuable assistance and encouragement. Thanks also goes to Katherine Peake for all her guidance and input. Finally, I would like to acknowledge Professor Smith, for her time, and supervision.

For me, this project is the culmination of more than two consecutive years of hard work. However, this project would have not been possible without the people mentioned above.

## DEDICATION

To my son, Cameron who has always brought joy and  
inspiration to me.

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## CHAPTER ONE

### INTRODUCTION

#### Problem Statement

Domestic violence is a pervasive problem across the nation. In California alone in 2003, nearly 200 murders and over 48,000 arrests involved domestic violence (SafeState, 2003). In this same year the Department of Justice calculated that over 25 men and over 150 women in California were killed by a wife, husband, ex-husband or wife, or girlfriend/boyfriend (SafeState, 2003).

SafeState (2003) has defined domestic violence as intimate partner violence that encompasses violent behavior in all intimate relationships of any sexual preference, within or outside of marriage, and within or without the home. Further SafeState indicates that sexual, physical, psychological, verbal, and emotionally abusive behaviors are encompassed by the definition of domestic violence.

However, sometimes serious issues such as domestic violence do not get proper recognition until some form of government gets involved. Such involvement is occurring in California. The Attorney General's Department of

Health Services held a meeting in 2003 to discuss the domestic violence issue. Experts such as researchers and practitioners participated in this meeting.

Unfortunately, their conclusion was that the state lacks even basic research data on the topic. Clearly there is still an enormous lack of information and awareness in regards to domestic violence. This lack is also found in medical settings where health care providers are mandated reporters.

One clear way California has addressed this issue of domestic violence detected in medical settings is by enacting Penal Code, Section 11160 specifying that health care professionals in most settings who encounter a suspected or known victim of domestic violence must report this to local law enforcement (Official California Legislative Information, 2006). However, there is some doubt as to its effectiveness.

Esta Soler, Executive Director of Family Violence Prevention Fund in an interview in the End Abuse Newsletter said:

No physician ever intends to discharge a patient with a preventable life-threatening condition without taking steps to treat the problem...

However, most battered women who seek medical attention are sent home to the same unsafe situation that was the original cause of their injuries because their physicians lack the training and support to appropriately identify, treat or refer victims of domestic violence. (Winter, 1998-1999)

This study will focus on family medicine physician residents' perspectives and knowledge on domestic violence in a medical center in a large California County.

#### Purpose of the Study

The intent of this study is to bring light to this issue and to the medical center. If physicians continually fail to identify victims and provide treatment, this must be explored and addressed.

#### Significance of the Project for Social Work

The importance of addressing domestic violence in the field of medical social work became evident when in reviewing the literature. This researcher observed an insufficient amount in scholarship surrounding domestic violence in the medical setting.

Sometimes we think that as social workers we are the first to address domestic violence. However, this is not the case as health care providers are primarily the initial observers of domestic violence in the field of medical social work.

Findings related to the generalist intervention process are helpful since this study addresses the incorporation of routine screening for domestic violence which is gaining interest in health care practice.

"Ultimately, gaps in evidence can be bridged by health services research that addresses effective approaches to screening and intervention" (Nelson, 2004, p. 23).

The central research question for this study was, what do family medicine physician residents' know about assessing or identifying domestic violence within the medical social work setting?

## CHAPTER TWO

### LITERATURE REVIEW

#### Introduction

The relevance of domestic violence in the health care setting and domestic violence education, training, screening and assessment related to the health care providers are explored in this literature review. Education is defined as what takes place in medical school. Training is defined as what takes place in the health care setting (e.g. hospital) during residency. Likewise screening and assessment are how the education and training in domestic violence are carried out with patients. This chapter also addresses two theoretical frameworks, systems and organizational theories that can be applied to conceptualize the issue of health care workers and domestic violence.

#### Domestic Violence in the Health Care Setting

The health care setting is gaining notice as one in which domestic violence victims may be detected and addressed. Hamberger, Guse, Boerger, Minsky, Pape, and Folsom (2004) state "In addition to being a serious social problem, partner violence is being shown to be a

serious medical problem, as well...Battered women suffer a wide range of injuries from the violence they endure" (p. 1).

Further, health care is used differently by battered women as compared to non-battered women. Battered women make more visits to primary care physicians for episodic care, while non-battered women more frequently seek medical services for routine health care (Johnson & Elliott, 1997). Battered women make significantly more emergency department visits, and exhibit significantly more admissions for general, non-trauma surgery, gynecological problems, induced abortions, miscarriages, alcohol and drug abuse problems, suicide attempts, and inpatient psychiatric admission (Bergman & Brismar, 1991).

#### Physician Education

Literature examined implies that battered women also more often utilize the health care system. Thus, health care systems are vital agencies in assessment of domestic violence and referral for services. Health care providers may be the first to come in contact with victims and are placed in the role of screening, and assessing for

domestic violence. According to Miller (2002), beliefs and attitudes linked to domestic violence among physicians are a result of education. Education enhances health care providers' beliefs and attitudes relating to domestic violence victims. Furthermore, physicians who are educated and skilled in identifying symptoms, signs and risk factors could better enhance a more honest disclosure from a patient about their abuse (Gerbert, Moe, Caspers, Salber, Feldman, Herzig, and Bronstone 2002).

According to AMA Council on Scientific Affairs 1992, in Gerber et al. (2002):

In spite of recommendations by the AMA that education in domestic violence should be provided routinely to medical students, residents, and practicing physicians, physicians report that they are insufficiently educated about domestic violence, and education programs appear to be both few in number and inadequate to their task. (p. 7)

It appears that education on domestic violence is not a core component in medical school curricula.



## Physician Training

The role of a health care provider in a health care setting presents ample opportunities to appropriately identify domestic violence victims. Domestic violence training provided in the care setting better enables the health care provider to accurately identify the victims, and offer appropriate treatment and safe resources. Health care providers' frequently are the first and only professionals victims turn to for help.

According to 1999 Population Report published by Ending Violence Against Women:

Health care providers can do much to help their patients who are victims of gender-based violence. Yet providers often miss opportunities to help by being unaware, indifferent, or judgmental. With training and support from health care systems, providers can do more to respond to the physical, emotional, and security needs of abused women and girls. (para. 5)

Training health care providers to recognize and deal with domestic violence is necessary to address domestic violence. Further, although not documented in literature, health care providers receive their training in various

states and may not be fully aware of the mandated reporting laws of California. For this reason, assessing the training given to health care providers is imperative to address domestic violence in the medical setting.

One cannot just train health care workers about the mechanics of screening it is also necessary to be sure they can better empathize with patients experiencing abuse.

In general, domestic violence training programs for health care providers focus on enhancing: a) relevant knowledge base about definitions, dynamics and prevalence of partner violence, b) professional attitudes accepting partner violence as a medical problem, and c) skill at asking patients about partner violence and developing appropriate, supportive responses to victims. Typical training formats included lecture, skills training and rehearsal, and some type of contact with one or more partner violence survivor, whether via live discussion or videotape presentation. (Hamberger et al., p. 2)

## Barriers to Screening/Assessment for Domestic Violence in Health Care Settings

Screening and assessment by health care providers is an important first step in linking victims of domestic violence to outside resources. Studies have noted barriers to the screening and assessment process. Both screening and assessments may be improperly conducted due to time constraints, lack of training and staff shortage. Moore, Zaccaro, and Parsons (1998), and Hegge and Condon (1996).

Addressing and combating the issue of domestic violence with screening and assessment by a physician is a major part of the intervention in the health care setting. Intervening with domestic violence as a health care provider is a duty in delivering a high quality delivery system.

## Theories Guiding Conceptualization

Systems theory focuses on relationships various systems. Systems such as health care organizations need to look at the interactions of all its sub-systems to provide effective intervention or resources to victims of domestic violence. Social workers may be prepared to assist and advocate for domestic violence victims

identified in a health care setting, but if a large portion of those victims are not brought to the attention of social workers (missed by screening physicians) then the needs of many victims are not met.

Further, according to Zastrow and Kirst-Ashman (2001), "systems theories emphasize constant assessment and adjustment." The purpose of this research is to provide new and needed information to the health care setting so that it, as a system, might change to better meet its goal of assisting people who are experiencing domestic violence.

An additional theory guiding conceptualization of this research is organizational theory. In a general way, organizational theory relevant to social services acknowledges the central role that the policies and practices of the organization have on the experience of clients of the organization. In the case of women who are experiencing domestic violence, the effectiveness of identifying and serving them ultimately comes from the commitment of the administrative level of the organization. However, without information on the extent to which physicians currently have training on domestic violence and feel able to detect it and refer for further

assistance, administrators will not know how to create better policies and training on domestic violence.

### Summary

Health care providers have recently begun to take a more active role in the coordinated response to domestic violence, with several hospitals and health clinics implementing domestic violence screenings. Literature indicates that physicians may lack education in domestic violence in medical school and training in domestic violence in the health care setting in which they do their residencies. More needs to be known about the education and training of physicians and how it relates to their ability to screen for and assess domestic violence. Thus, the central question for this research is what do family medicine physician residents' know about assessing or identifying domestic violence within the medical social work setting?

## CHAPTER THREE

### METHODS

#### Introduction

This chapter is an overview of the methods used to investigate family medicine physician residents' knowledge on domestic violence.

#### Study Design

Data collected for this study will assess the knowledge of domestic violence in family medicine physician residents. The primary research question for this study is, what do family medicine physician residents' know about assessing or identifying domestic violence within the medical social work setting? A cross-sectional survey design was employed to answer this question.

#### Sampling

The clearly defined population pool from which participants were selected consisted of thirty self-identified family medicine physician residents in a medical center in a large California County. Of the thirty residents, twenty-one completed questionnaires.

The participants were selected by a convenience sampling procedure. Since the researcher exclusively selected the population of focus, this was a non-probability type of sampling. The researcher's intent was to administer to thirty participants a questionnaire regarding the family medicine physician residents' knowledge on domestic violence in regards to the patients they served. This method was utilized since most physician residents, particularly in family medicine, are charged with making referrals when domestic violence is suspect with a patient.

#### Data Collection and Instruments

The study employed a self-completed thirteen item confidential questionnaire that solicited specific information about family medicine physician residents' experience in medical school education, training in residency, and current practices regarding domestic violence. The instrument used for this study was a questionnaire created by the researcher. The reason for this was the need for instrumentation to measure family medicine physician residents' knowledge about domestic violence within the medical social work setting.

The questionnaire guide consisted of a few demographic questions along with open-ended and closed-ended questions (see Appendix A). Demographic questions asked age, years of residency, and gender. Open-ended questions consisted of related to suspect domestic violence, input regarding decision of suspected domestic violence, formal and informal training in residency, suggestions regarding training or information on domestic violence. A specific example of a question in the questionnaire is, "overall, how would you rate your training and knowledge on this issue of domestic violence?" followed by checking the appropriate choice of: excellent, good, adequate, or poor.

### Procedures

To start this process a thirteen-question questionnaire was administered to thirty family medicine physician residents over a one month period. The selected study participants were given the questionnaire between the dates of February 14 to March 14, 2006. The questionnaire was administered at weekly peer updates by the program director of family medicine. Questionnaires were disbursed to solicit physician residents' anonymous



opinions on domestic violence. The questionnaire forms were collected in a designated box in the family medicine physician residents secured mailroom dropped off by the physician. All questionnaires received were included in the analyses.

### Protection of Human Subjects

This study was IRB approved by California State University San Bernardino, Department of Social Work Institutional Review Board Sub-Committee, and a medical center in a large California County. There were a number of aspects of the study that were intended to protect the human subjects. The study applied for exempt review based on the following category: research involving survey or interview procedures where participants cannot be identified. The completed questionnaires were kept anonymous due to the absence of personal identification attached to questionnaire. The completed questionnaire forms were subsequently collected in a designated box in the family medicine physician residents' secured mailroom. The act of returning the survey was considered passive consent.

## Data Analysis

In assessing family medicine physician residents' knowledge about domestic violence in the medical social work setting, the researcher analyzed data using a statistical package for the Social Sciences (SPSS). This statistical analysis software will allow the researcher to analyze data utilizing descriptive statistics.

## Summary

This chapter covered the specific methods of this study in relation to study design, data collection and instruments, protection of human subjects and data analysis.

## CHAPTER FOUR

### RESULTS

#### Introduction

The purpose of this research was to seek to understand family medicine physician residents' knowledge about domestic violence in a medical center in a large California County. This chapter will offer the results of the various statistical tests performed for this research. Respondents' gender, age, and years of residency were used as the respondent demographic characteristics. Respondents' perspectives of and experiences with domestic violence were gathered and analyzed for this research. Family medicine physician residents' experiences in their current practice, medical school education, and training in residency regarding domestic violence were also gathered and analyzed for this study.

#### Respondent Demographic Characteristics

A total of 21 family medicine physician residents participated in this study. Questions 1-3 solicited information on gender, age, and years of residency. In terms of gender of participants, 11 were males, and 10

were females. All respondents were residents and are currently practicing at a large medical center in a large California County. Respondent ages ranged from 24-40 years old, with over half being 31-40 years old. The average age of respondents was 32 years old.

Participants' years of residency ranged from 1 to 3 years, 1 reflecting the lowest and 3 being the higher number of years of residency.

Table 1. Respondent Demographic Characteristics

Variable	Frequency (n)	Percentage (%)
Gender (N = 21)		
Male	11	52.4%
Female	10	47.6%
Age (N = 19)		
24	1	5.3%
27	1	5.3%
28	1	5.3%
29	1	5.3%
30	1	5.3%
31	5	26.3%
32	1	5.3%
34	5	26.3%
35	1	5.3%
38	1	5.3%
40	1	5.3%
Years of Residency (N = 21)		
1	6	28.6%
2	1	4.8%
2	7	33.3%
3	7	33.3%

## Current Practice and Reports of Domestic Violence

Respondents were asked about their experiences with domestic violence in their current family medicine practice. These reports were used to establish respondents' viewpoints of domestic violence. Question 4 asked, if the family medicine physician resident called a social worker to follow-up on suspected domestic violence. If the respondents replied in the affirmative, question 5 asked for their observations.

Of the 21 respondents, 15 answered none, 5 answered 1-2 times, and 1 answered 3-4 times. Four of the six referrals derived from visual observations of either bruises, or fractures. The other two referrals were based on the patient's testimony or neglect (not specified).

Respondents were asked about, how often in the past month they encountered a patient who they thought might be experiencing domestic violence but did not know what to do. If an encounter of suspected abuse arose, the number of times was indicated by the respondent. In terms of answering question 6, 15 respondents were certain and reported 0 times; 1 reported 1 time; and 5 respondents reported 2 times. A total of 71.4% reported they were

unsure of how to respond. In fact 5 respondents indicated 2 incidents of uncertainty.

#### Medical School Education and Training

Respondents were asked about their medical school education in items 7 and 8. In response to question 7, hours of medical school education devoted to domestic violence, the majority (47.6%) answered none (23.8%) or 1-2 (23.8%). In addition 19.0% stated 3-4 hours, and only 9.5% stated 5-10 hours. However, 23.8% of the respondents stated that 10 plus hours of medical school education was devoted to domestic violence.

In response to question 8, after medical school education, how well informed did you feel about domestic violence, the majority of the respondents indicated "somewhat" well (81.0%). Furthermore, 14.3% of the respondents stated very well. Only 4.8% of the respondents stated not at all.

In response to the questions 9-10, has there been any formal or informal training education at your residency; 76.2% reported yes, and 23.8% reported no to formal training. As to whether they received informal training in residency 66.7% said yes, and 33.3% said no.

The most common type of training as indicated by the open-ended questions, were lectures and handouts.

In response to question 11 regarding training and knowledge on the issue of domestic violence, the majority of the respondents indicated they had adequate training (52.4%). Furthermore, 33.3% of the respondents stated they had good training. Only 14.3% of the respondents rated this training and knowledge as poor on the issue of domestic violence.

Table 2. Respondent Knowledge of Domestic Violence

Variable	Frequency (n)	Percentage (%)
Social Worker Notified in Past Month (N = 21)		
0	15	71.4%
1-2	5	23.8%
3-4	1	4.8%
Suspected Abuse in Past Month (N = 21)		
0	15	71.4%
1	1	4.8%
2	5	23.8%
Domestic Violence Education in Medical School (N = 21)		
None	5	23.8%
1-2	5	23.8%
3-4	4	19.0%
5-10	2	9.5%
10+	5	23.8%

Variable	Frequency (n)	Percentage (%)
Knowledge after Medical School (N = 21)		
Not at all	1	4.8%
Some what	17	81.0%
Very well	3	14.3%
Formal Training in Residency (N = 21)		
Yes	16	28.6%
No	5	23.8%
Informal Training in Residency (N = 21)		
Yes	14	66.7%
No	7	33.3%
Rate Overall Training and Knowledge (N = 21)		
Good	7	33.3%
Adequate	11	52.4%
Poor	3	14.3%
Aware of Legal Reporting Requirements (N = 21)		
Yes	15	71.4%
No	6	28.6%
Additional Information (N = 21)		
Seminar/Lecture	14	66.7%
Resources	7	33.3%

Of the 21 respondents to question 12 as to whether they were aware of the legal requirements in the State of California regarding suspected domestic violence, 15 (71.4%) of the questionnaire respondents reported yes, and 6 (28.6%) reported no. This shows that over one



quarter of the respondents did not know the legal requirements in the State of California.

The questionnaire identified a main theme in regards to question 13, resident physician with additional training or, how to best provide the family medicine information on domestic violence. Among the respondents for this question (n= 21), 14 answered seminars/lectures, and 7 answered "resources" such as seminars, lectures, and other resources not specified.

#### Summary

This chapter has presented the results of the study. The frequency statistics were presented in tables. The significant univariate findings were reported. The next chapter provides a detailed discussion based on these results, of family medicine physician residents' perspectives and knowledge on domestic violence in a medical center in a large California County.

## CHAPTER FIVE

### DISCUSSION

#### Introduction

This study focused on the perspectives of and knowledge about domestic violence among family medicine physician residents in a medical center in a large California county. This chapter will discuss the implications of the study regarding physicians' education, training, and reporting and the limitations of the study. Additionally, it will discuss recommendations for social work practice, policy and research.

#### Physician Education

A major finding of the research regards results from questions on hours of medical school education devoted to domestic violence: 66.6% of the respondents answered none to 3-4 hours. These results indicate that although there is some education, three to four hours is not a sufficient amount of time to adequately educate a family medicine physician resident about domestic violence. This finding is consistent with Gerbert et al., (2002) who noted that education on domestic violence is not a core component in medical school curricula.

According to Ending Violence Against Women, Population Reports (1999), a physician who is educated about domestic violence is more likely to identify victims of domestic violence. Increased medical school education on the issue of domestic violence is supported by Miller (2002) who contends that education affects a physician's beliefs and attitudes relating to domestic violence victims. Education is a part of a physician's response and outcome to addressing domestic violence.

Along with Miller, the American Medical Association (2002) also recommends education in domestic violence, but such education nevertheless is failing to occur as demonstrated by the data. The AMA specifically recommends that education in domestic violence should be given regularly to medical students, residents, and practicing physicians.

To adequately prepare physicians, approximately ten or more hours of domestic violence education should be devoted to the topic during medical school. Topics that should be covered during medical education on domestic violence may include signs and symptoms as they pertain to different populations experiencing domestic violence,

such as heterosexual, homosexual, and elder domestic violence.

### Physician Training

Coupled with education is training. Training is an additional component of the knowledge base a family medicine physician resident should experience in order to address domestic violence. Ending Violence Against Women, Population Reports (1999) notes that physician training to recognize and deal with domestic violence is imperative in addressing the issue of domestic violence.

Findings from this study found that a majority of family medicine physician residents' received both formal and informal training in residency. However, respondents reported that their overall training and knowledge was only adequate, good, or poor on the issue of domestic violence.

Physician training according to Hamberger et al. (2004) includes both lecture and proficiency training. However, the consensus of this study, in reference to the open-ended question regarding input on additional training or information on domestic violence, was that most respondents wanted seminars or lectures. Inclusion

of domestic violence training would provide a physician with the opportunity to reduce repeated and continued assaults on victims.

In response to the question about suspected domestic violence and uncertainty of reporting, more than a quarter of the 21 respondents indicated uncertainty about whether a patient was experiencing domestic violence. These responses demonstrate a need for family medicine physician residents to be more confident in reporting suspected domestic violence. There is likely a significant number of battered women who were undetected and did not receive services due to the uncertainty of physicians on the issue of domestic violence. As Bergman and Brismar (1991) have noted, battered women utilize the health care system and visit the emergency room considerably more times than a non-battered woman. In essence, the physicians' failure to report suspicions of domestic violence in the emergency room may contribute to battered women's repeated emergency room visits; the underlying cause seems to be undetected.

## Physician Reporting

Ending Violence Against Women, Population Reports (1999), found that the issue of detecting domestic violence in a medical setting is crucial to the safety of women. Family medicine physician residents' knowledge of the legal requirements in the State of California indicated that 71.4% of the respondents were aware of the legal requirements regarding suspected domestic violence. Therefore, more than 25% of the physicians were ignorant about the reporting laws. The California state legislator has enacted Penal Code 11160 specifying that health care professionals in most settings who encounter a suspected or known victim of domestic violence must report this to local law enforcement (Official California Legislative Information, 2006). However, the results from this study indicate that many residents are still unaware of the legal requirements in the State of California regarding suspected domestic violence.

## Limitations

There are a few limitations to this study which suggest caution when generalizing results. One limitation is that of the research design of the questionnaire. The

questionnaire touched on several aspects relating to knowledge of domestic violence. However, it did not ask enough detailed questions on the issue of domestic violence.

Another limitation to this study was that there were self-reports for the collection of data. Self-reports may sometimes not be completely truthful due to the group setting in which the questionnaire was distributed. The responses may have varied if prearranged in another manner such as completing the questionnaire alone.

Finally, data was collected from only 21 respondents. It may not be possible to generalize due to the small sample size. The findings may not be generalizable to other family medicine physician residents' in other settings.

Although it is recognized that the study has limitations, the results of the data analysis yield some interesting insights into the perspectives that influence the response to domestic violence among family medicine physician residents.

## Recommendations for Social Work Practice, Policy and Research

The purpose of this research study was to obtain family medicine physician residents' perspectives and knowledge on domestic violence in a medical center in a large California County. According to the data obtained from the questionnaire, there is a lack of follow-up and/or referrals which indicates the need for increased awareness of domestic violence. The findings on medical school education and subsequent training suggest that family medicine physician residents at a large medical center in a large California County still lack sufficient knowledge on the issue of domestic violence and lack awareness of the legal requirements in the State of California regarding suspected domestic violence.

In this clinical setting a closer working relationship between physicians and social workers is key. Physicians benefit with education from social workers as domestic violence is not emphasized enough in medical school education. Physicians are usually the main professional contact a domestic violence victim encounters in the clinical setting. According to DeCoster and Egan (2001), if there were a stronger working



relationship between physicians and social workers the physician would more likely refer patients to address psychosocial issues due to domestic violence.

In order to address domestic violence in the health care system, the government needs to get involved. As the data from the Attorney General's Department of Health Services suggests, information and awareness is needed in regards to domestic violence. Establishing a penal code to address the importance of domestic violence awareness in medical settings is just the start to addressing this larger societal issue of domestic violence within the State as a whole. A coordinated response by the government and health care system is needed to address the increased demands placed on the health care system in responding to domestic violence.

There is still a need for more in-depth research about domestic violence within the health care system. Future research might also examine types of presenting signs and symptoms, intervention services, and treatment after disclosure of knowledge on the issue of domestic violence. If so, the results may reveal that specific aspects of knowledge about domestic violence may be the

key to addressing this societal issue in the State of California.

### Conclusion

Domestic violence is a complex social problem. While researchers have made progress over the years, more studies and research need to be done in order to identify the essentials to addressing, combating and raising awareness of domestic violence. Family medicine physician residents as a whole need to be further examined, including their perspectives and knowledge on domestic violence. The collaboration between the health care system and the medical social work setting should be strengthened to address this societal issue.

This study provides evidence that family medicine physician residents at a medical center in a large California County lack the skills, knowledge, and awareness needed to thoroughly address domestic violence. In an effort to raise awareness in the State of California, the health care system must regard domestic violence as a serious issue that must be confronted. Improving the education, training, and overall knowledge of physicians is crucial in addressing domestic violence

which adversely affects the health and safety of women throughout their lifetime.

APPENDIX A  
QUESTIONNAIRE

## Questionnaire on knowledge of domestic violence in family medicine

**Instructions:** The following questions will ask you about domestic violence. Please check or fill in the blank that best describes or pertains to you. This survey is anonymous.

*Domestic violence in this questionnaire refers to violence between spouses, individuals in dating relationships, and former partners or spouses, and can occur inside or outside the home. Involving a pattern of coercive behavior that includes physical, sexual, verbal, emotional and psychological abuse.*

1. Age \_\_\_\_\_
2. Years of Residency \_\_\_\_\_
3. Gender: Male \_\_\_\_\_ Female \_\_\_\_\_
4. In the past month, how many times did you call a social worker to follow-up on suspected domestic violence?  
  
☐None      ☐1-2      ☐3-4      ☐5-6      ☐7-8      ☐9+
5. For any referrals, what did you observe in the patient that led you to suspect domestic violence?  
  
Referral 1. \_\_\_\_\_  
Referral 2. \_\_\_\_\_  
Referral 3. \_\_\_\_\_  
Referral 4. \_\_\_\_\_  
Referral 5. \_\_\_\_\_
6. In the past month, how many times did you think a patient might be experiencing domestic violence, but were not sure what to do? \_\_\_\_\_ # of times  
  
If this happened, what would have helped you decide what to do?  
  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

7. Approximately how many hours of your medical school education was devoted to domestic violence?

☐None      ☐1-2      ☐3-4      ☐5-10      ☐10+

8. After your medical school education, how well informed did you feel about domestic violence?

☐Not at all      ☐Some what      ☐Very well

9. In your residency, has there been any in service on domestic violence?

☐Yes      ☐No

If yes, explain briefly \_\_\_\_\_

\_\_\_\_\_

10. In your residency, have you had any informal training education (i.e. talks with supervisor, or other hospital workers about domestic violence)?

☐Yes      ☐No

If yes, explain briefly \_\_\_\_\_

\_\_\_\_\_

11. Overall, how would you rate your training and knowledge on the issue of domestic violence?

☐Excellent      ☐Good      ☐Adequate      ☐Poor

12. More specifically, are you aware of the legal requirements in the state of California regarding suspected domestic violence?

☐Yes      ☐No

13. What would be the best way to provide you with additional training or information on domestic violence? \_\_\_\_\_

\_\_\_\_\_

APPENDIX B  
INFORMED CONSENT

## Informed Consent

The study in which you are being asked to participate is a study of knowledge of domestic violence in family medicine. This study is being conducted by Christina Marie Peña, Master of Social Work graduate student at California State University, San Bernardino. The study has been approved by the Department of Social Work Sub-Committee of the Institutional Review Board at CSUSB and is being done under the supervision of Dr. Laurie Smith, Assistant Professor of Social Work at CSUSB.

This questionnaire will involve completing questions about your demographics, as well as your knowledge of domestic violence in family medicine. This instrument will not have your name on it to insure complete anonymity of your responses. You are not required to fill out this instrument and can refuse to continue at any time you so choose. The questionnaire takes about 15 minutes to complete, but it may take you more or less time. There are no foreseen risks or direct benefits to participants.

Please be assured that the findings will be reported in group form only, not individually. No information will be used to identify participants. All records will be kept confidential and will be destroyed once the data has been studied.

I acknowledge that I have been informed of and understand the nature and purpose of this study, and I freely consent to participate.

I Agree to Participate in the Study \_\_\_\_\_ (Check if you agree)

Today's Date \_\_\_\_\_

If you have any questions or concerns about this study, please call Dr. Smith at (909) 537-3837.



APPENDIX C  
DEBRIEFING STATEMENT

### Debriefing Statement

This research is being conducted by Christina M. Peña, Master of Social Work graduate student at California State University, San Bernardino, to assess family medicine physician residents' medical school education, training in residency, and current practice regarding domestic violence. The Department of Social Work Sub-Committee of the Institutional Review Board at CSUSB has approved this study.

A brief summary of the findings and conclusions of the study will be available after September 2006 at California State University, San Bernardino's Pfau Library. Questions or concerns may be addressed to Dr. Laurie Smith, faculty, supervisor, at (909) 537-3837.

Thank you for your participation.

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